

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Emma		<b>OFFICE USE ONLY</b>  Date Received  <b>7/15/2015 8:38:02 PM</b>  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX Acosta		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8904 WH Burges El Paso, TX 79925		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915 ) 731-2020		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Michelle L		
	NICKNAME LAST SUFFIX Falcon		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8719 Hawthorn St Frisco, TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469 ) 734-4142		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2015    06/30/2015		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)  City Representative District 3		13 OFFICE SOUGHT (if known)  N/A

**GO TO PAGE 2**

City Clerk Dept.  
7/16/2015 7:36:07 AM

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ms Emma Acosta

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,625.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 2,024.55

4. TOTAL POLITICAL EXPENDITURES

\$ 100.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12,265.26

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\*\*\* Electronically Certified \*\*\*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta, this the 16 day of July, 20 15, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Armando Medina Jr

6 Contributor address; City; State; Zip Code

1501 Greenwood Cr El Paso, TX

7 Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Carlos Aguilar Jr

Contributor address; City; State; Zip Code

3414 Montana

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Student

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

David Michael Austin

Contributor address; City; State; Zip Code

6205 Pinehurst

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Donald L Williams

Contributor address; City; State; Zip Code

3301 Rain Dance

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Dr. & Mrs. Manuel C. Filiberti

Contributor address; City; State; Zip Code

10500 Tomwood

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

DR

Employer (See Instructions)

Del Sol Hospital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**8**

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

Edward Saab

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

6229 Castellation Dr

7 Amount of contribution (\$)

125

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
N/A

10 Employer (See Instructions)

Date

06/17/2015

Full name of contributor

Enriqueta G. Fierro

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

8612 Whitus

Amount of contribution (\$)

30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

Frances Bernal

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

6036 Aztec

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

Fred Loya

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

12001 Paseo de Oro

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

Gerald Rubin

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

538 Laurel Canyon

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>Emma Acosta</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  06/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gilbert Mendez</b> 6 Contributor address; City; State; Zip Code <b>9012 McFall</b>	7 Amount of contribution (\$)  200  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>N/A</b>		10 Employer (See Instructions) <b>N/A</b>	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Guerrero</b> Contributor address; City; State; Zip Code <b>2275 Bill HO rn Way</b>	Amount of contribution (\$)  50  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jorge Hernandez</b> Contributor address; City; State; Zip Code <b>8276 Whitus</b>	Amount of contribution (\$)  500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>N/A</b>	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jose A. Garcia</b> Contributor address; City; State; Zip Code <b>1305 Hookridge Dr El Paso TX 79925</b>	Amount of contribution (\$)  200  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jose Xavier Banales</b> Contributor address; City; State; Zip Code <b>PO Box 370651</b>	Amount of contribution (\$)  100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Ex. Director</b>		Employer (See Instructions) <b>Project Amistad</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**8**

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lilian Jacquez

6 Contributor address; City; State; Zip Code

7337 Dale Road

7 Amount of  
contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Laura Violante

Contributor address; City; State; Zip Code

7587 Alameda El Paso, TX

Amount of  
contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Margarita P. Gardea

Contributor address; City; State; Zip Code

6975 Alameda

Amount of  
contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Marta Duron Hernandez

Contributor address; City; State; Zip Code

El Paso Tx

Amount of  
contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Miguel A. Teran

Contributor address; City; State; Zip Code

404 Rose Lane

Amount of  
contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

N/A

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mike Dipp

6 Contributor address; City; State; Zip Code

PO Box 55

7 Amount of  
contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

N/A

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Olivas Family Trust

Contributor address; City; State; Zip Code

240 Thunderbird

Amount of  
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Peter & Marina C. Felix

Contributor address; City; State; Zip Code

11534 Jacquelin Ann Ct

Amount of  
contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

N/A

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rachael B. Harracksingh

Contributor address; City; State; Zip Code

10633 Vista Alegre Dr

Amount of  
contribution (\$)

400

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ramona de la Paz Torres

Contributor address; City; State; Zip Code

2706 Frankfort Ave El Paso TX

Amount of  
contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**8**

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Randall J. Bowling

6 Contributor address; City; State; Zip Code

4655 Cohen Ave

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

N/a

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Richard Saab

Contributor address; City; State; Zip Code

5713 Pebble Beach Dr

Amount of contribution (\$)

125

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Richard V. Teschner Living Trust

Contributor address; City; State; Zip Code

1800 N. Stanton Apt 302 El Paso TX

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Robert Saab

Contributor address; City; State; Zip Code

2903 Silver

Amount of contribution (\$)

125

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sandra A. & Tito Porras

Contributor address; City; State; Zip Code

16 Silent Crest El Paso, Tx

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**8**

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/17/2015

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Siria Rocha

6 Contributor address; City; State; Zip Code

425 Majestic Mountain Dr

7 Amount of  
contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stanley P. Jobe

Contributor address; City; State; Zip Code

1150 SouthView Dr El Paso TX

Amount of  
contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vivki Castellanos

Contributor address; City; State; Zip Code

11272 Thunderbird El Paso, TX

Amount of  
contribution (\$)

1500

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

VJ Smith

Contributor address; City; State; Zip Code

405 Sharondale

Amount of  
contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/17/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William C. Saab

Contributor address; City; State; Zip Code

700 Camino Real

Amount of  
contribution (\$)

125

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>Emma Acosta</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  06/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Zafer Hayder</b> 6 Contributor address; City; State; Zip Code <b>5832 Mira Serena Dr</b>	7 Amount of contribution (\$)  300  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Medical Doctor</b>		10 Employer (See Instructions) <b>N/A</b>	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>El Paso Assoc of Fire Fighters, Local 51 Inc</b> Contributor address; City; State; Zip Code <b>3112 Forney Dr</b>	Amount of contribution (\$)  1000  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ismael Enriquez</b> Contributor address; City; State; Zip Code <b>8904 Wh Burges El Paso TX</b>	Amount of contribution (\$)  500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) <b>Food/Beverage/location for Fundraiser</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>Retired</b>	
Date  06/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jose Luis Hernandez</b> Contributor address; City; State; Zip Code <b>6969 Alameda Ave</b>	Amount of contribution (\$)  100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Pepito Motors</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule B:**0****2** FILER NAME

Emma Acosta

**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**0****2** FILER NAME

Emma Acosta

**3** ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS:    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?☐**8** Lender address;    City;    State;    Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address;    City;    State;    Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?☐

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.  
7/16/2015 7:36:07 AM

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>Emma Acosta</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)			
<b>4</b> Date <b>04/25/2015</b>	<b>5</b> Payee name <b>Alice Rosas</b>					
<b>6</b> Amount (\$) <b>100</b>	<b>7</b> Payee address; City; State; Zip Code <b>N/A</b>					
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <b>Services</b>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">0</div>	<b>2</b> FILER NAME <div style="font-size: 18pt; font-weight: bold;">Emma Acosta</div>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;      City;   State;   Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

  

Date	Payee name	
Amount (\$)	Payee address;      City;   State;   Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Emma Acosta</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>		<b>2</b> FILER NAME <b>Emma Acosta</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Payee name			
<b>6</b> Amount (\$)		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K: **0****2** FILER NAME

Emma Acosta

**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount  
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**City Clerk Dept.  
7/16/2015 7:36:07 AM

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME  
Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A    ☐ Schedule B    ☐ Schedule C    ☐ Schedule D    ☐ Schedule F    ☐ Schedule G  
☐ Schedule H    ☐ Schedule N    ☐ COH-UC    ☐ COH-T    ☐ PAC-C    ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 •• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1 C/OH NAME**

Ms Emma Acosta

**2 ACCOUNT #** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 \_\_\_\_\_  
 Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

 •• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 \_\_\_\_\_  
 Signature of Candidate

**5 OFFICEHOLDER**

 •• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 \_\_\_\_\_  
 Signature of Officeholder

 City Clerk Dept.  
 7/16/2015 7:36:07 AM